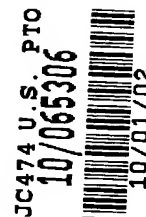


Electronic Filing System (EFS) Data
Electronic Patent Application Submission
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EFS ID: 18495
Application ID: 10065306
Title of Invention: ELECTROENCEPHALOGRAM
ACQUISITION UNIT AND SYSTEM
First Named Inventor: Kenneth JORDAN
Domestic/Foreign Application: Domestic Application
Filing Date: null
Effective Receipt Date: 2002-10-01
Submission Type: Utility Patent Filing
Filing Type: new-utility
Confirmation Number: 0
Attorney Docket Number: 13436-1
Digital Certificate Holder: cn=Robert Rose, ou=Registered Attorneys, ou=Patent and
Trademark Office, ou=Department of Commerce, o=U.S.
Government, c=US
Certificate Message Digest: i3OYsFQ7sAoWcpEanusdIA==
Total Fees Authorized: \$740.0
Payment Category: DA - Deposit Account
Deposit Account Number: 192090
Deposit Account Name: Robert J. Rose





TRANSMITTAL FORM

Electronic Version 1.0.3

Stylesheet Version: 1.0

Submission Type: Utility Patent
Filing

Attorney Docket
Number:

13436-
1

ELECTROENCEPHALOGRAM ACQUISITION UNIT AND SYSTEM

First Named Inventor: Kenneth George JORDAN

SUBMITTED BY

Name:	Robert J. ROSE
Registration Number:	47,037
Electronic Signature Mark: /robertjrose/	Date Signed: 20021001

I certify that the use of this system is for OFFICIAL correspondence between patent applicants or their representatives and the USPTO. Fraudulent or other use besides the filing of official correspondence by authorized parties is strictly prohibited, and subject to a fine and/or imprisonment under applicable law.

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Attached Files:

declaration	Declaration_1.tif
declaration	Declaration_2.tif
bibd-transmittal	13436-1apds.xml
fee-transmittal	13436-1fee.xml

specification

Application.xml

Attached Image File(s):

Declaration_1.tif

Declaration_2.tif

Comments:

The Declaration is a copy of the declaration filed in the parent case.

01/05/2001 16:01 909-580-1458

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PAGE

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)))	Attorney Docket Number	#13436
	First Named Inventor	JORDAN, Kenneth G.
	COMPLETE IF KNOWN	
	Application Number	/
	Filing Date	
	Group Art Unit	
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Method and Apparatus for Electroencephalography

the specification of which (Title of the Invention)

☒ is attached hereto
OR
☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 385(b) of any foreign application(s) for patent or inventor's certificate, or 385(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application	Foreign Filing Date	Priority	Certified Copy Attached?	
			YES	NO
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)
60/175,191	January 10, 2000
60/175,192	January 10, 2000
60/175,193	January 10, 2000

☐ Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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NAME OF SOLE OR FIRST INVENTOR :			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any)) Kenneth George			Family Name or Surname JORDAN		
Inventor's Signature <i>Kenneth G. Jordan</i>			Date Jan. 5, 2001		
Residence: City Riverside		State CA		Country USA	
Citizenship USA					
Mailing Address Jordan NeuroScience					
Mailing Address 399 East Highland Avenue, Suite 316					
City San Bernardino		State CA		ZIP 92404	
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NAME OF SECOND INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))			Family Name or Surname		
Inventor's Signature			Date		
Residence: City		State		Country	
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<input type="checkbox"/> Additional inventors are being named on _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

(Page 2 of 2)

FEE TRANSMITTAL

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Patent fees are subject to annual revisions on or about October 1st of each year.

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SUBMITTED BY

Authorized Name: Robert J. Rose

Electronic Signature Mark: /robertjrose/

Date Signed: 20021001

BASIC FILING FEE

Fee Description	Fee Code	Fee Paid
Utility Filing Fee	101	\$ 740

Subtotal For Basic Filing Fee: \$ 740

EXTRA CLAIM FEES

	Fee Code	Fee	Extra Claims	Fee Paid
Total Claims: 13	103	\$ 18	0	\$ 0
Independent Claims: 3	102	\$ 84	0	\$ 0

Subtotal For Extra Claims Fees: \$ 0